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REQUEST FOR WITHDRAWAL AS ATTORNEY OR AGENT AND CHANGE OF CORRESPONDENCE ADDRESS	Application Number	09/883,439
	Filing Date	June 18, 2001
	First Named Inventor	David S. Huff
	Art Unit	3626
	Examiner Name	Not Yet Assigned
	Attorney Docket Number	CAPITA 3.0-001

Commissioner for Patents
To: P.O. Box 1450
Alexandria, VA 22313-1450

Please withdraw me as attorney or agent for the above identified patent application, and

- ☐ all the attorneys/agents of record.
☐ the attorneys/agents (with registration numbers) listed on the attached paper(s), or
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NOTE: This box can only be checked when the power of attorney of record in the application is to all the practitioners associated with a customer number.

The reasons for this request are: is that the assignee has failed to pay one or more bills rendered by the attorneys associated with this customer number for an unreasonable period of time. Attorneys' bills as follows remain unpaid:

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Invoice No. 18565 dated July, 2002 in the amount of \$1,675.00
Invoice No. 19611 dated October, 2002 in the amount of \$317.00
Invoice No. 20372 dated November, 2002 in the amount of \$688.75
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1. ☐ The correspondence address is NOT affected by this withdrawal.
2. ☒ Change the correspondence address and direct all future correspondence to:
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<input type="checkbox"/> Firm or Individual Name	David Huff		
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Signature			
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Date	December 6, 2004	Telephone No.	(908) 518-6337

NOTE: Withdrawal is effective when approved rather than when received. Unless there are at least 30 days between approval of withdrawal and the expiration date of a time period for response or possible extension period, the request to withdraw is normally disapproved.

I hereby certify that this correspondence is being deposited with the U.S. Postal Service with sufficient postage as First Class Mail, in an envelope addressed to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-1450, on the date shown below.

Dated: December 6, 2004

Signature: (Michael J. Doherty)